

**DATE**

12/16/22

**PRESENTING CLINICAL SIGNS**

History: PC: see lab results. IMHA. Screening AUS.

**PATIENT**

Beau Vaughn

Current Medications: Pred 20mg 1 BID.

Lab Results: Attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Lab Shepherd Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

**AGE**

2012

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.51 cm. The right kidney measured 6.15 cm.

**WEIGHT**

63.1 Pounds

**Adrenal Glands**

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.25 cm x 0.69 cm at the caudal pole and 0.78 cm at the cranial pole.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **left adrenal gland** was slightly enlarged caudally. The left adrenal gland measured 2.88 cm x 1.03 cm at the caudal pole and 0.77 cm at the cranial pole.

**HOSPITAL NAME**

Chadwell AH

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**REFERRING VET**

Dr. Gold

**Liver****INVOICE**

20149

The **liver** revealed diffuse hyperechogenicity, coarse hepatic architecture and generalized enlargement, consistent with a vacuolar hepatopathy +/- lipidosis. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated

normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### **Pancreas**

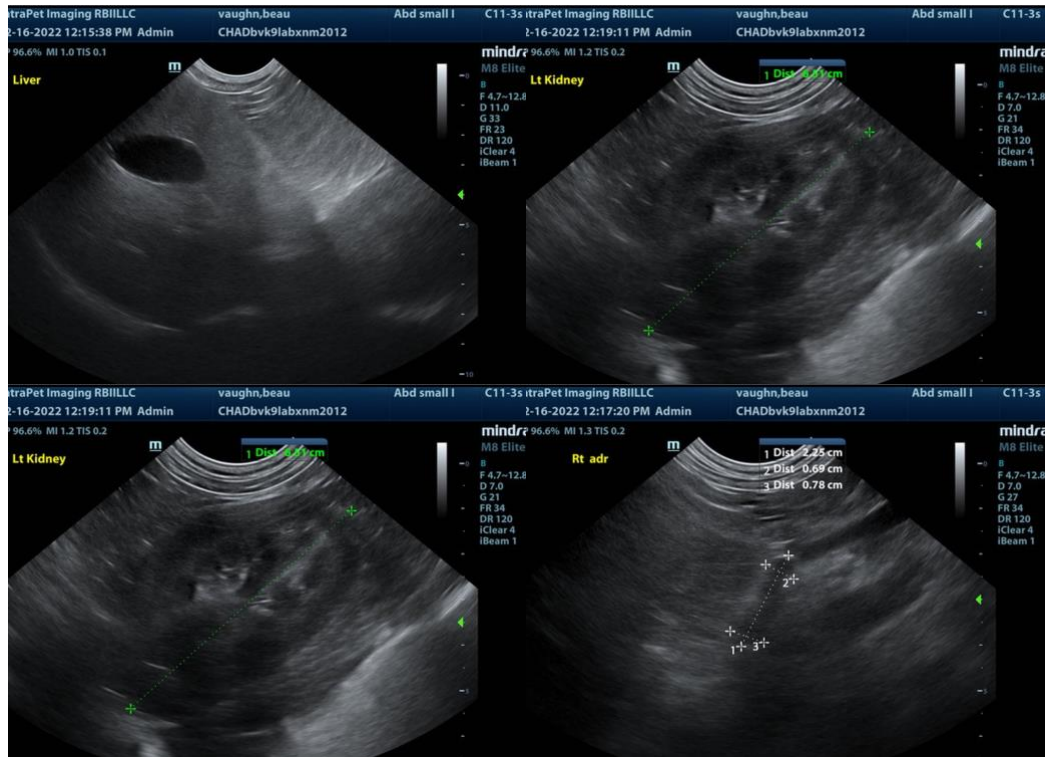
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

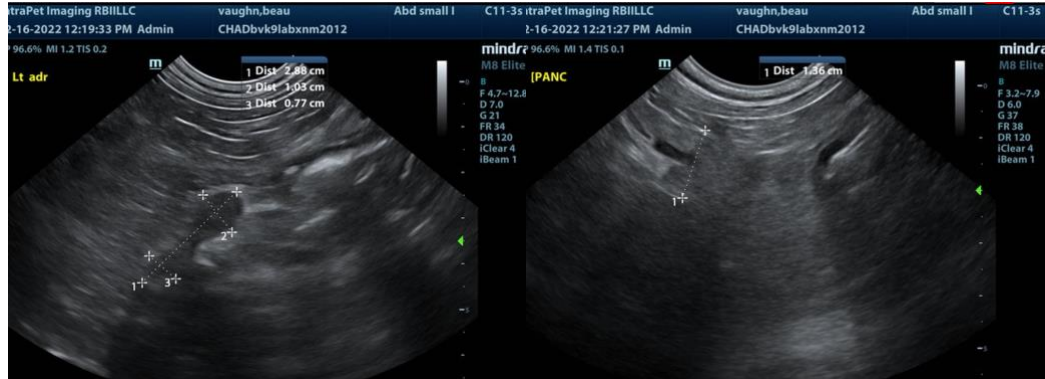
### **ULTRASONOGRAPHIC FINDINGS**

- Subjectively benign hepatopathy
- Slightly swollen left adrenal gland
- Minor pancreatic remodeling

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver would be ideal to ensure more significant disease is not underlying. No overt evidence of primary pathology influencing the clinical status.





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com